

# FLORIDA PARISHES HUMAN SERVICES AUTHORITY



## **ORIENTATION HANDBOOK FOR PERSONS SERVED (Behavioral Health Services) Revised October 2019**

## TABLE OF CONTENTS

<b>Table of Contents</b>	<b>2</b>
<b>Introduction and Overview of FPHSA</b>	<b>3</b>
Mission	
Staff	
Service Coordinator	
<b>Description of Services</b>	<b>3</b>
Assessment Process	
Treatment Planning	
Counseling	
Medications	
Pharmacy Services	
Patient Assistance Program	
Additional Supports	
Advance Directives	
Course of Treatment	
Transition/Discharge	
<b>Rights and Responsibilities</b>	<b>4</b>
Privacy and Confidentiality	
Notice of Privacy Practices	
Social Security Number	
Mandated Treatment and Follow Up (Court Ordered)	
Abuse and Neglect	<b>5</b>
Voter Registration	
Behavioral Expectations	
• Attendance Expectations	
Comments and Complaints	
Financial Obligation/Fees	
Copying of Records	
<b>Health and Safety/Risk Management</b>	<b>6</b>
Primary Care Coordination	
Drug Free and Smoke Free Environment	
No Weapons/No Violence	
No Restraints/Seclusion	
Safety Exits/Equipment	
Emergency Preparedness and Response	
Facility Closure due to Declared Emergencies	

## **Introduction and Overview FPHSA Facilities**

Florida Parishes Human Services Authority (FPHSA) is an agency governed by a local Board of Directors that provides behavioral health services, developmental disabilities services, and home and community-based services in the following 5 parishes: Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.

### **Mission:**

*Florida Parishes Human Services Authority (FPHSA) is lighting the path forward into Recovery by providing person-centered services to those with behavioral health needs and developmental disabilities so that they may reach their fullest potential in health and wellness.*

## **WHO WE ARE**

### **Our Staff:**

Our staff includes psychiatrists, medical psychologists, psychologists, nurse practitioners, social workers, counselors, nurses, community service professionals, psychiatric aides, peer support specialists, and support staff. During your time with us, you may work in various ways with one or more members of our team.

## **WHAT WE DO**

### **Service Coordination:**

At FPHSA services are provided by a treatment team; however, you will have a service coordinator who is your point of contact for treatment planning and coordinating services to meet your changing needs.

### **Description of Services:**

**FPHSA provides person centered services** based on your needs and on the belief that you can lead a satisfying and productive life in your community. We respect the diversity of the people we serve. We strive to accept personal preferences and to respect personal differences. We pledge to provide services that meet your needs, regardless of age, race, gender, ethnicity, sexual orientation, religion, disability, cultural origin, veteran status, political affiliation, or financial status. We provide services based on your needs and on the belief that you can lead a satisfying and productive life in your community. We will conduct an initial screening or evaluation to begin your services.

### **Assessment Process:**

After you complete your application, a clinician will review it to determine what services are needed. You may be scheduled for further assessment to assist us in determining the specific plan of care needed.

Following assessment, our staff will talk with you about recommended services. These services may include:

- Admission to Behavioral Health Service (BHS)
- Referral to another agency, provider, or other services.

### **Treatment Planning:**

Following admission, you and members of the treatment team will meet to develop a treatment plan. You will participate in a discussion of services that will be of benefit to you based on the results of your assessments. You will be involved in determining goals and ways to achieve these goals. Full participation in your planning will assist in helping us recognize the things that are important to you and the services in which you are interested in participating.

Services may include the following:

#### **Individual, Family or Group Counseling:**

#### **Medication Management:**

Medication(s) may be used, to treat behavioral health symptoms. A prescriber will inform you about the benefits and side effects of any recommended medication so that you can make an educated and informed choice in medication management. You will see the prescriber for ongoing evaluation of your symptoms and changes to your medication as needed. It is very important that you:

#### **Pharmacy Services:**

Medication(s) that are prescribed by the facility's prescribers may be dispensed through the FPHSA contracted pharmacy (is there choice)

**Patient Assistance Program:**

Some persons may be eligible for free medication(s) through pharmaceutical companies. In order to determine if you qualify for these medication(s), you may be required to supply additional information to document your eligibility. The facility will assist with the application process.

**Advance Directives:**

An Advance Directive is a document that allows you to indicate preferences for treatment should you experience a psychiatric emergency in the future that leaves you unable to express yourself. You may identify preferences on the form or authorize a person to make decisions. Ask your service coordinator if you are interested in setting up an advance directive. If you have an active Advance Directive in place, please provide a copy to the facility staff.

\*Additional Supports may include care linkages so that persons served may have access to community resources address specific treatment planning needs/gaps. Those programs may include access to FPHSA internal resources such as Flexible Family Funds, Family Support funds for services and supports to establish/maintain community living, crisis diversion, and residential living options, or may be external to FPHSA.

**Course of Treatment:**

You will be given appointments or may be told to walk in to address goals identified in your treatment plan. The frequency of sessions will depend on your need at the time of the assessment. Whenever anything changes, please let your treatment provider know.

**Transition/Discharge Planning:**

You will be asked to fully participate in your treatment, including making decisions about what services you will need when services at this facility end. We will assist you in plans for discharge when you reach your treatment goals or no longer meet criteria for continued services.

**Privacy and Confidentiality:**

FPHSA respects the rights and privacy of persons seeking and receiving services. Your information is protected by law and may not be released without your written consent, except in the following situations:

- You are a danger to yourself and/or others
- Child abuse and/or neglect
- Elderly abuse and/or neglect
- Court order or subpoena
- Physical health emergency
- And/or exchanging information between FPHSA facilities or business associates in accordance with Federal and State laws.

**YOUR RIGHTS AND RESPONSIBILITIES****Notice of Privacy Practices:**

The Notice of Privacy Practices is required by the Health Insurance Portability and Accountability Act. The document is available at the front desk. If you have any questions about this document, please contact our Privacy Officer.

**Social Security Number:**

We request your authorization to use your social security number for identification purposes. This will allow for a consistent number to be used for your services that will differ from anyone else and will assure appropriate identification.

**Mandated Treatment and Follow-up (For Court Ordered Treatment only):**

We are required to report your participation in treatment along with clinical recommendations based on your participation. The court will likely determine that the treatment we recommend for you must be followed. We will follow up with missed appointments by phone or mail to reschedule another appointment, as needed. We will also notify the court of every missed appointment. We will be required to report to the court if you discontinue services on your own.

**Rights and Responsibilities:**

You have rights and responsibilities while receiving services from us. Your Rights and Responsibilities are posted in each clinic. Please request a copy if you would like one for your records.

**Abuse and Neglect Information:**

We are committed to preserving the right of each person receiving services to be free from abuse or neglect. All forms of abuse and neglect of persons served by employees of FPHSA, and its affiliates are prohibited. Please ask to speak with the Facility Manager of Rights Officer if you feel you are the subject of abuse or neglect.

**Voter Registration:**

All FPHSA facilities will assist you in registering to vote. We encourage all persons 18 years old and older to register to vote in order to be able to advocate and give a voice to your concerns and interests both locally and nationally.

**Behavioral Expectations:**

We expect that you actively participate in your treatment including following up on recommendations and completing assigned homework. Unless a court orders you to participate in treatment, you may discontinue treatment at any time. However, we encourage you to talk with your professional staff member to address any barriers that may be affecting your participation.

**Attendance Expectations:**

We are here to assist you in your recovery. You may be given an appointment or asked to walk in for services. We ask that you be prompt and attend all appointments. If you will not be able to keep an appointment, we ask that you give us at least a 24-hour notice. Please let us know if you are interested in text reminders to assist you in remembering your appointments. Repeatedly missing appointments will impact your ability to maximize benefits of the treatment program.

**Comments and Complaints from Persons Served:**

Your satisfaction (and that of your family) with the quality of our services is very important to us. You have the right to voice any comments, complaints, or concerns about the services you receive. You may submit a comment or complaint at [www.fphsa.org](http://www.fphsa.org), choose Contact Us, then Feedback. We also have copies of complaint forms available at the front desk, as well as a comment box in the lobby of each facility. In addition, you will be able to provide feedback when you participate in a computerized satisfaction survey every six months. We will review your feedback and will resolve any issues to your satisfaction, if possible. Making a complaint will not affect your ability to continue to receive services.

**Financial Obligations/Fees:**

The fee for services you receive will be established at the time of your first visit and will be reviewed annually (or more often if changes in your financial situations occur). The facility has a sliding fee scale and will work with you on fees, based on your income. You have a responsibility to provide your income verification on or before your next visit. If you do not bring in the required information to document your income at your next visit you will be charged the full cost of your service.

\*FPHSA accepts insurance. If you are covered by insurance, please bring your insurance card, and obtain any required authorization at the time of your initial appointment. You will be charged the full cost of your service if you do not obtain the required authorization or notify us of any change in your insurance. If you receive payment from your insurance company for services provided by FPHSA, you are required to pay that amount to the FPHSA and to provide the FPHSA with an Explanation of Benefits or you will be charged at the full fee for the cost of the service(s) provided.

**Copying of Records Policy**

You may inspect or request a copy of your protected health information by submitting the request in writing to your assigned clinician by using the Access to Records Request form. A fee to copy your records will be charged to you, as allowed by Louisiana law. The fee is payable at the time you receive the records, and the fees are as follows:

- \$1.00 per page for the first 25 pages;
- \$.50 per page for pages 26 through 350;
- \$.25 per page thereafter; and
- Handling charge not to exceed \$25.00 and all applicable postage.

**If protected health information is provided in a digital format, the same above rates can be charged**, not to exceed \$100, including all postage and handling charges actually incurred. If requested, a certification page will be provided. For SSDI determinations, persons served are not involved in this process, nor are they billed for these copies.

## HEALTH AND SAFETY PRACTICES

**We provide a healthy and safe environment in all our facilities.** This includes the use of protective equipment, appropriate housekeeping, safe work practices, and regular inspections to ensure safety. Proper hand washing and covering the mouth when sneezing or coughing are the best ways to prevent the spread of infection. Brochures are also available at the facility on several topics at no charge.

### **Primary Care Coordination:**

Our staff will review your physical health needs and will make referrals to community resources when indicated. Be sure to let our staff know if you have symptoms of illness such as cough, rash, fever, night sweats, or other symptoms or need to request accommodations while receiving services.

### **Drug Free and Smoke Free Environment:**

All facilities are tobacco-free and drug-free to promote healthy lifestyles choices. This includes any alcohol, or legal or illegal drugs being brought on the premises. This policy is enforced.

### **No Weapons/No Violence:**

FPHSA does not tolerate weapons or violence of any kind on/in any of its property. If anyone arrives at a facility with any type of weapon, they will be asked to leave. If they refuse to leave, law enforcement will be notified to intervene. Any threats, either implied or direct, are prohibited in all facilities.

### **No Restraints/Seclusion:**

FPHSA does not use restraints or any form of seclusion in any of its programs.

### **Safety Exits/Equipment:**

Please make yourself aware of our emergency exits within the facility. They are marked by the red signs with arrows. We also have emergency exits posted (point out where these can be found). Also, for your information, we have fire extinguishers available in each facility.

### **FPHSA Emergency Preparedness and Response:**

Our staff will respond to emergency situations and take appropriate actions necessary to promote the safety of all within our facilities. In the event an alert is called while you are being served in one of our facilities, it will be identified as a real event or drill. Our staff will assist you in getting where you need to go (another area of the building or outside the building) and they will instruct you on what you need to do to remain calm and safe.

**FPHSA will alert consumers, visitors and/or staff of any emergencies that may occur and will guide you to a safe place during said emergencies.**

### **Facility Closures due to Declared Emergencies**

When it is necessary to close the center either fully or partially due to severe weather events, natural disasters or other emergencies, you will be notified and provided instructions regarding the closure. Crisis information via signs posted outside the center and through the FPHSA website ([www.fphsa.org](http://www.fphsa.org)) will be made available as quickly as possible. Direct phone communication from FPHSA staff will occur only when time and resources are available.

**If you have any questions, please contact your clinic manager.**